

740

42A740

Department of Revenue

# KENTUCKY INDIVIDUAL INCOME TAX RETURN

## Full-Year Residents Only

2005

For calendar year or  
other taxable year beginning \_\_\_\_\_, 2005, and ending \_\_\_\_\_, 200\_\_

A. Spouse's Social Security Number

B. Your Social Security Number

400004207

Name - Last, First, Middle Initial (Joint or combined return, give both names and initials.)

BEHAVIOR TEST T

Mailing Address (Number and Street or PO Box)

Apartment Number

1215 LONG ST

City, Town or Post Office

State

Zip Code

FRANKFORT

KY

40601

TEST 1

## FILING STATUS (see instructions) Field 0305

1. ☒ Single
2. ☐ Married, filing separately on this combined return. (If both had income.)
3. ☐ Married, filing joint return.
4. ☐ Married, filing separate returns. Enter spouse's social security number above and full name here.

## POLITICAL PARTY FUND

Designating \$2 will not change your refund or tax due.

	A. Spouse	B. Yourself
Democratic	(1) <input type="checkbox"/>	(4) <input checked="" type="checkbox"/>
Republican	(2) <input type="checkbox"/>	(5) <input type="checkbox"/>
No Designation	(3) <input type="checkbox"/>	(6) <input type="checkbox"/>

Field 0305

Field 0305

## INCOME

5 Enter amount from federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4 (If total of Columns A and B is \$25,736 or less, you may qualify for the Family Size Tax Credit. See instructions.)

6 Additions from Schedule M, line 6.

7 Add lines 5 and 6.

8 Subtractions from Schedule M, line 16

9 Subtract line 8 from line 7. This is your **Kentucky Adjusted Gross Income**.10 **Itemizers:** Enter itemized deductions from Kentucky Schedule A.**Non-itemizers:** Enter \$1,910 in Columns A and/or B.11 Subtract line 10 from line 9. This is your **Taxable Income**.

12 Enter Tax from from Tax Table, Computation or Schedule J.

Check if from Schedule J. ☐13 Enter tax from Form 4972-K ☐ Schedule RCR ☐

14 Add lines 12 and 13 and enter total here.

15 Enter amounts from page 2, Section A, lines 13A and 13B.

16 Subtract line 15 from line 14. If line 15 is larger than line 14, enter zero.

17 Enter amounts from Page 2, Section B, lines 4A and 4B.

18 Subtract line 17 from line 16. If line 17 is larger than line 16, enter zero.

19 Add tax amount(s) in Columns A and B, line 18 and enter here.

20 Check the box that represents your total family size (see instructions for lines 20 and 21) Field 0320

21 Multiply line 19 by the **Family Size Tax Credit** decimal amount \_\_\_\_ (50%) and enter here

22 Subtract line 21 from line 19.

23 Enter **Education Tuition Tax Credit** from Form 8863-K

24 Subtract line 23 from line 22

25 Enter **Child and Dependent Care Credit**

from federal Form 2441, line 9

X 20% (.20)

26 Income Tax Liability. Subtract line 25 from line 24. If line 25 is larger than line 24, enter zero.

27 Enter **KENTUCKY USE TAX** from worksheet in the instructions.28 Add lines 26 and 27. Enter here and on page 2, line 29. This is your **Total Tax Liability**.

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

11400.00

0.00

11400.00

0.00

11400.00

1910.00

9490.00

364.00

0.00

364.00

180.00

184.00

20.00

164.00

164.00

1 X 2 3 4

82.00

82.00

0.00

82.00

0.00

82.00

0.00

82.00

Attach a complete copy of federal Form 1040 if you received  
Farm, business, or rental income or loss. If not required, check here ☐Do you wish to receive  
a packet next year? (check one) 1 ☐ Yes 2 ☒ No

I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.

12345

Your Signature (If joint or combined return, both must sign)

Spouse's Signature

Date Signed

502-564-6033

Telephone Number (daytime)

Typed or Printed Name of Preparer Other than Taxpayer

I.D. Number of Preparer

Date

## REFUND/TAX PAYMENT SUMMARY

29 Enter Total Tax Liability from Page 1, line 28.		<b>82.00</b>
30 (a) Enter Kentucky income tax withheld as shown on <b>attached</b> 2005 Form W-2(s), and other supporting statements.	30(a) <b>375.00</b>	
(b) Enter 2005 Kentucky estimated tax payments.	30(b)	
(c) Enter Kentucky corporation income tax credit (KRS 141.420(3) (c))	30(c)	
31 Add lines 30(a) through 30(c).		<b>375.00</b>
32 If line 31 is larger than line 29, enter <b>AMOUNT OVERPAID</b> (see instructions). See instructions for a detailed description of funds.		<b>293.00</b>
33 Nature and Wildlife Fund Contribution		
\$2 \$5 \$10 Other	<b>3.00</b>	
34 Child Victims' Trust Fund Contribution		
\$2 \$4 Other	<b>10.00</b>	
35 Veterans' Program Trust Fund Contribution	<b>4.00</b>	
36 Breast Cancer Research and Education Trust Fund Contribution	<b>2.00</b>	
37 Add lines 33 through 36.		<b>19.00</b>
38 Amount of line 32 to be CREDITED to your 2006 ESTIMATED TAX.		
39 Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU		<b>274.00</b>
<b>TAX PAYMENT SUMMARY</b>		
40 If line 29 is larger than line 31, enter <b>ADDITIONAL TAX DUE</b>		<b>0.00</b>
41 (a) Estimated tax penalty (c) Late payment penalty		
Check if Form 2210-K attached (d) Late filing penalty		
(b) Interest (e) Add lines 41(a) through 41(d).		
Enter here	41(e)	
42 Add lines 40 and 41(e) and enter here. This is the <b>AMOUNT YOU OWE</b>	42	<b>0.00</b>

Make check payable to Kentucky State Treasurer. Write your Social Security number and "KY Income Tax—2005" on the check.  
Staple check on top of attached wage and tax statements on page 1.

## SECTION A: BUSINESS INCENTIVE AND OTHER TAX CREDITS

	A. Spouse	B. Yourself (or Joint)
1 Enter nonrefundable Kentucky corporation income tax credit (KRS 141.420(3))		
2 Enter skills training investment credit (attach copy(ies) of certification).		
3 Enter historic preservation restoration credit.		
4 Enter credit for tax paid to another state (attach copy of return(s) filed with other state).		<b>180.00</b>
5 Enter unemployment credit (attach Schedule UTC).		
6 Enter recycling and/or composting equipment credit (attach Schedule RC).		
7 Enter Kentucky Investment Fund credit (attach copy(ies) of certification).		
8 Enter credit for purchases of Kentucky coal used for generating electricity.		
9 Enter qualified research facility credit (attach Schedule QR).		
10 Enter GED Incentive credit (attach Form DAEL-31).		
11 Enter environmental remediation credit (Brownfields).		
12 Enter biodiesel credit.		
13 Add lines 1 through 12, Columns A and B. Enter here and on page 1, line 15.		<b>180.00</b>

## SECTION B: PERSONAL TAX CREDITS

	Check Regular	Check both 16 or over	Check both If blind	
1 (a) Credits for yourself:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Credits for spouse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 DEPENDENTS		Dependents	* check if qualifying	
First Name	Last Name	social security number	relationship to you	child for family size tax credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
3 Add total number of credits claimed on lines 1 and 2. If married filing separately on a combined... return (Filing Status 2), Each taxpayer must claim his or her own credits from line 1, divide the credits on line 2, and enter the totals in Boxes 3A and 3B. All other filers enter the amount from line 3 in Box 3B.				
4 Multiply credits on lines 3A by \$20 and enter on line 4A. Multiply credits on lines 3B by \$20 and enter on line 4B. Enter here and on page 1, line 17, Columns A and B.				

1. Enter number of boxes checked on line 1	<b>01</b>
2. Enter number of dependents who lived with you	<b>00</b>
did not live with you (see instr)	<b>00</b>
other dependents	<b>00</b>
3. Total Credits	<b>01</b>
00 3A	<b>01 3B</b>
X \$20	<b>X \$20</b>
00 4A	<b>20 4B</b>

## SECTION C – FAMILY SIZE TAX CREDIT (List the name and Social Security number of qualifying children that are not claimed as dependents in Section B.)

First name	Last name	Social Security number	First name	Last name	Social Security number
------------	-----------	------------------------	------------	-----------	------------------------

## Kentucky Worksheet A

### Credit for Taxes Paid to Other State

**Kentucky Residents / Part-year Residents only. Complete a separate worksheet for each state. See instructions for Form 740, Section A, line 3.**

**Recipient Name**

**Recipient First Name**

**Name of other state**

<b>BEHAVIOR</b>
<b>TEST</b>
<b>GA</b>

- |  |         |
|--|---------|
| 1. List Kentucky taxable from Form 740, line 11.   | 9490.00 |
| 2. List any gambling losses from Schedule A, line 28.  | 0.00    |
| 3. Add lines 1 and 2 and enter total here.   | 9490.00 |
| 4. List income reported to state listed above that is included on Kentucky return.   | 7000.00 |
| 5. Subtract line 4 from line 3 and enter total here.   | 2490.00 |
| 6. Adjusted gambling losses. Compute gambling losses allowed on Kentucky return if income from other state is ignored.                     | 0.00    |
| 7. Subtract line 6 from line 5 and enter total here.   | 2490.00 |
| 8. Enter Kentucky tax on income amount on line 7.  | 49.00   |
| 9. Enter Kentucky tax on income amount on line 1.  | 364.00  |
| 10. Subtract line 8 from line 9. This is the tax savings on return if other states income is ignored.                                      | 315.00  |
| 11. Enter tax paid to other state on income claimed on Kentucky return.  | 180.00  |
| 12. Enter the lesser of line 10 or line 11. This is your credit for tax paid other state. Carry this total to Form 740, Section A, line 3. | 180.00  |

<b>Label</b> (See instructions on page 16.) <b>Use the IRS label.</b> Otherwise, please print or type.	L A B E L	For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20		OMB. No. 1545-0074
	Your first name and initial <b>TEST T</b>	Last name <b>BEHAVIOR</b>	Your social security number <b>400-00-1007</b>	
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number	
	H E R E	Home address (number and street). If you have a P.O. box, see page 16. Apt. no. <b>1215 LONG ST</b>		You must enter your SSN(s) above.
Presidential Election Campaign	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>MORGAN GA 31766</b>		Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)				

<b>Filing Status</b> Check only one box.	<input type="checkbox"/> 1	Single	<input checked="" type="checkbox"/> 4	Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
	<input type="checkbox"/> 2	Married filing jointly (even if only one had income)	<b>DARRELL BEHAVIOR</b> 400-55-3007 <input type="checkbox"/> 5 Qualifying widow(er) with dependent child (see page 17)	
	<input type="checkbox"/> 3	Married filing separately. Enter spouse's SSN above and full name here. ▶		

**Exemptions**

**a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

**b** ☐ **Spouse**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed

## Income

**Attach Form(s)  
W-2 here. Also  
attach Forms  
W-2G and  
1099-R if tax  
was withheld.**

**If you did not  
get a W-2,  
see page 19.**

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>7</b>	12,000
<b>8a</b>	Taxable interest. Attach Schedule B if required	<b>8a</b>	
<b>b</b>	Tax-exempt interest. Do not include on line 8a	<b>8b</b>	
<b>9a</b>	Ordinary dividends. Attach Schedule B if required	<b>9a</b>	200
<b>b</b>	Qualified dividends (see page 20)	<b>9b</b>	100
<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	<b>10</b>	
<b>11</b>	Alimony received	<b>11</b>	
<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ	<b>12</b>	
<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/> X	<b>13</b>	2,500
<b>14</b>	Other gains or (losses). Attach Form 4797	<b>14</b>	
<b>15a</b>	IRA distributions	<b>15a</b>	
		<b>b</b>	Taxable amount (see page 22)
<b>15b</b>		<b>15b</b>	
<b>16a</b>	Pensions and annuities	<b>16a</b>	
		<b>b</b>	Taxable amount (see page 22)
<b>16b</b>		<b>16b</b>	
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
<b>18</b>	Farm income or (loss). Attach Schedule F	<b>18</b>	
<b>19</b>	Unemployment compensation	<b>19</b>	200
<b>20a</b>	Social security benefits	<b>20a</b>	
		<b>b</b>	Taxable amount (see page 24)
<b>20b</b>		<b>20b</b>	
<b>21</b>	Other income.	<b>21</b>	
<b>22</b>	Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b>	<b>22</b>	14,900

## Adjusted Gross Income

<b>23</b>	Educator expenses (see page 26) . . . . .	<b>23</b>	250		
<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	<b>24</b>			
<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>			
<b>26</b>	Moving expenses. Attach Form 3903 . . . . .	<b>26</b>			
<b>27</b>	One-half of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>			
<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>			
<b>29</b>	Self-employed health insurance deduction (see page XX) . . . . .	<b>29</b>			
<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>			
<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ►	<b>31</b>			
<b>32</b>	IRA deduction (see page XX) . . . . .	<b>32</b>	2,000		
<b>33</b>	Student loan interest deduction (see page XX) . . . . .	<b>33</b>			
<b>34</b>	Tuition and fees deduction (see page XX) . . . . .	<b>34</b>	1,250		
<b>35</b>	Domestic production activities deduction. Attach Form 8903 . . . . .	<b>35</b>			
<b>36</b>	Add lines 23 through 31a and 32 through 35 . . . . .	<b>36</b>		3,500	
<b>37</b>	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> . . . . . ►	<b>37</b>		11,400	